

**REVOCATION OF POWER OF  
 ATTORNEY WITH  
 NEW POWER OF ATTORNEY  
 AND  
 CHANGE OF CORRESPONDENCE  
 ADDRESS**

Application Number	See attached Exhibit A
Filing Date	See attached Exhibit A
First Named Inventor	See attached Exhibit A
Art Unit	See attached Exhibit A
Examiner Name	See attached Exhibit A
Attorney Docket Number	See attached Exhibit A

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 57449

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 57449

OR

☐ Firm or Individual Name:

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted. ☐ Submission includes \_\_\_\_\_ Statement under 37 CFR 3.73(b) form(s)

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.